



Arizona Career Information System (AzCIS)

Date: _____

Please, completely fill out form and Print legibly for your mailing label.

Name: _____

Title: _____

Organization _____

Specific School Name _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Number of computers you plan on installing the AzCIS Disc on _____?

Do you plan to use the Internet version? ☐ Yes ☐ No

Set of Occupational Video Clips ☐ Yes ☐ No

Return this form to: **Arizona Career Resource Network (AzCRN)**
Arizona Department of Education
1535 W. Jefferson St., Bin # 42
Phoenix, AZ 85007
(602) 542-5353 (Phone)
(602) 542-1849 (Fax)
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